



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

F53
RHF
PIH

'06 JAN 30 AM 11:31

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Fujii	Raymond	H.	808-833-2190
MAILING ADDRESS (Street)			FAX
3049 Ualena Street, Suite 705			808-833-5344
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96819	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
RHF, Inc.			808-833-2190
MAILING ADDRESS (Street)			FAX
3049 Ualena Street, Suite 705			808-833-5344
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96819	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Painting Industry of Hawaii - Labor Management Cooperation Fund		808-941-0991
MAILING ADDRESS (Street)		FAX
2240 Young Street		808-9559091
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96826
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Dennis Kawasaki		808-523-9411
MAILING ADDRESS (Street)		FAX
222 S.Vineyard St. #PH4		808-533-6789
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	<u>Labor & Employment</u>	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

January 25, 2006

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Lynn Kinney		Chairman	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Painting Industry of Hawaii - Labor Management Cooperation Fund		808-941-0991	
MAILING ADDRESS (Street)		FAX	
2240 Young Street		808-955-9091	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96826	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)